

CSDB Glossary – State Fiscal Year 2002

Aging and Adult Services

Services in this Report

- A In-Home Services
- A Assisted Living
- S Adult Family Homes
- A Adult Residential Care Facilities
- Nursing Homes

Not in this Report

- Adult Protective Services
- Case Management and Comprehensive Assessments
- Respite Services
- Some AAA Services
- COPEs Nurse Oversight
- COPEs Participation Reimbursements
- Nursing Facility Placement
- Nursing Home Nurses Aid Training
- Caregiver Training and Continuing Education for Individual Providers
- Audit Settlements and Recoupments
- OASI Refunds

AASA serves frail elderly persons, as well as functionally disabled people over 17 years of age. AASA provides assistance with activities of daily living such as housework, shopping, and money management as well as with life functions such as self-care, eating, and medication management. Components of the long-term care system include:

Community services provided through AASA field service offices.
Community services provided through Area Agencies on Aging.
Nursing home quality assurance, regulation, and funding.

Services

In-Home Services: These include both Chore and Personal Care services delivered in the client's home.

Chore is state-funded and provides in-home personal care services to non-Medicaid eligible, low-income, disabled or very frail adults who still live in their own homes. This group includes all contracted agency and individual provider services as well as provider meal reimbursements and travel costs.

Personal Care employs individuals and contracted agencies to assist low-income disabled or frail adults with the activities of daily living, allowing clients to remain in their own homes. Included are Title XIX funded Personal Care services and transportation for Medicaid-eligible clients as well as Community Options Program Entry System (COPEs) funded in-home Personal Care reimbursements. In addition to Personal Care, COPEs pays for the following ancillary services: Environmental Modification (necessary physical adaptations to the client's home), installation of Personal Emergency Response System equipment, Adult Day Care/Day Health, Transportation, Meals on Wheels, Medical Equipment, and Over-Night Support.

Assisted Living (AL): Services provided in licensed boarding facilities for adults requiring assistance with self-care tasks but otherwise can remain in a community residential setting. Facilities allow for a private living unit and a private bathroom. Services are available 24 hours a day and include limited nursing care, assistance with activities of daily living, limited supervision, and housekeeping. Clients pay a participation fee (nonexempt income above the Medically Needy Income Level) and AASA pays the remainder.

Adult Family Homes (AFH): Small group care settings supply room, board, and laundry services for as many as six adults who cannot live alone, but do not need 24-hour skilled nursing supervision. AFH Personal Care assists residents with the activities of daily living. AFH residents are not related to the provider. AFHs are either COPEs, State-only, or Title XIX funded. Services include Medicaid Personal Care, state-funded Personal Care, and AFH-Aids Special Care Services.

Adult Residential Care (ARC) Facilities: Licensed boarding facilities for disabled adults offer 24-hour supervision of, and help with, the following: planning medical care, taking medications, and the handling of financial matters when necessary. ARC services also include a Personal Care element assisting residents with the activities of daily living. ARC residence is either COPEs, State-only, or Title XIX funded.

Nursing Homes: In these residential facilities, staff perform an array of services for disabled persons who require daily nursing care as well as with medication, eating, dressing, walking, or other personal needs.

Additional Services in Program Total

Some services are small and unlike the others. Programs may choose to include these only in the program total, rather than with dissimilar services. Client counts and expenditures for the following services appear in the program total only:

Nursing Home Discharge Allowance

- Foster Grandparents: AASA pays a small amount of money to elderly participants for their work in the community or in schools for mentally retarded.
- Private Duty Nursing: AASA funds special, 24-hour intensive nursing services, generally for younger clients with traumatic brain injuries.
- Adult Day Health Services.

Changes from NADB-SFY94 to CSDB-SFY99

- Case Management and Comprehensive Assessments were reported in NADB for SFY94 but are not reported in CSDB for SFY99.
- Assisted Living was included in the program total only in NADB for SFY94. It is a separate service category in CSDB for SFY99.
- The Congregate Care Facility service category used in NADB for SFY94 is now referred to as Adult Residential Care in CSDB for SFY99.
- Personal Care was reported as a separate service in NADB for SFY94. Depending on service location, Personal Care is allotted to In-Home Services, AFHs, and ARCs in CSDB for SFY99.

Changes from CSDB-SFY99 to CSDB-SFY00

- None

Changes from CSDB-SFY00 to CSDB-SFY01

- Adult Protective Services (APS) were reported in NADB for SFY94 as well as in CSDB for SFY99 and SFY00 but are no longer reported in CSDB for SFY01. Due to AASA's shift to a new reporting system in May of 2000, CSDB no longer has access to this data.

Changes from CSDB-SFY01 to CSDB-SFY02

- None

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Children's Administration

C
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Services in this Report

Adoption Services/Support
Behavioral Rehabilitation Services
Child Care Services
Child Welfare Services Case Management
Crisis Care Services
Child Protective Services Case Management
Family Reconciliation Services
Foster Care Support Services
Foster Care Placement Services
Group Treatment Care
Family Focused Services

Not in this Report

Referrals Not Accepted (did not pass sufficiency screening)
Accepted Referrals where no caseworker was assigned
Child Care Training
Regional Crisis Residential Centers (CRCs)
Secure Crisis Residential Centers (CRCs)
Miscellaneous Adoption Services
Payments to assure availability of beds (e.g. CRC slot payments)
Public Health Nurses
Street Youth and Victim's Assistance
Domestic Violence - State, Domestic Violence Hotline
Sexual Assault Victim Services
Employment Child Care (now reported in ESA)
DLR Child Protective Services Case Management

Children's Administration promotes families and seeks to ensure the safety and protection of children. CA both provides direct services and works in partnership with community-based public and private organizations.

Services

Adoption and Adoption Support: Children's Administration provides both Adoption Services and Adoption Support. (1) Adoption Services provide opportunities to permanently place in families children in DSHS's custody. Services include permanency planning, adoption preparation, placement supervision, and some limited post-adoption services. (2) Adoption Support encourages adoption of hard-to-place children from DSHS foster care and adoption of children who, because of age, race, physical condition, or emotional health, would not otherwise be placed for adoption. This service eliminates barriers to the adoption of such children by providing financial assistance; medical, counseling and rehabilitative services; and assistance with legal fees for adoption finalization.

Behavioral Rehabilitation Services (BRS): This program uses intensive resources to create an environment in which supervised group and/or family living are integrated into a set of comprehensive services where positive behavioral support methods and environmental structure are provided for children with mental, developmental, emotional, and/or behavioral difficulties that exceed the service or supervision capacity of regular foster care families. Clients may be sexually aggressive, self-injurious, high risk, behaviorally or emotionally disordered, developmentally disturbed or medically fragile.

BRS can be categorized as Emergent or Ongoing. Emergent BRS are short-term, assessment and interim care services. Ongoing BRS are long-term, continuing therapeutic services.

Child Care Services: This category includes: (1) Adoption Support Child Care, (2) Seasonal Child Care, (3) Teen Parent Child Care, (4) Therapeutic Child Care, (5) and CPS/CWS Child Care.

Adoption Support Child Care is provided to hard-to-place children who, because of age, race, physical condition, or emotional health, would not otherwise be placed for adoption. Seasonal Child Care is provided to the children of parents who work only during certain times of the year (e.g. farm workers). Teen Parent Child Care is provided to the children of teenage parents.

CA also provides Child Care to two groups of children with special emotional needs. Children at risk of child abuse and neglect receive Therapeutic Child Development. Children whose families are in need of respite, treatment, or parent education receive CPS/CWS Child Care.

Note: CSDB Child Care counts include both the children being served and their adult, primary caregivers.

Child Welfare Services Case Management: CWS Services are designed to strengthen, supplement, or substitute for parental care and supervision. CWS Services may involve substitute care such as Foster Care or Adoption placements.

Crisis Care Services: CA provides emergency placement resources for children pending family reunification or out-of-home placement to longer-term Family Foster Care or Group Care. Crisis Care includes Crisis Counseling and/or placement in Crisis Residential Centers (CRC). Two types of CRCs are utilized: Group and Family facilities. Crisis Care also includes costs associated with clothing or personal incidentals purchased for children placed in CRCs.

Child Protective Services (CPS) Case Management: CPS workers provide family services to reduce risk and to maintain children in their own homes. CPS cases are accepted for investigation based on a risk assessment which includes a sufficiency screen for new referrals, an initial risk assignment and response designation, and collateral contacts with key witnesses or information sources. CPS cases receive 24-hour intake, assessment, and emergency intervention services. Ongoing CPS includes direct treatment, coordination and development of community services, legal intervention, and case monitoring.

Family-Focused Services: CA provides individualized services to help families who are at risk of child placement or are in need of reunification. Family-Focused Services may include traditional child welfare services, such as parent aides or counseling, and/or support centered around basic needs, such as clothing, shelter, employment, and transportation. Family-Focused Services also include various family preservation services.

Family Reconciliation Services (FRS): FRS helps families and their runaway or conflict-ridden adolescent members. FRS involves three components: (1) 24-hour Intake and Assessment; (2) longer-term Crisis Counseling provided by county-contracted counselors; and (3) Intensive Services provided by counselors who work closely with families to avoid imminent out-of-home placements.

Foster Care Support Services: Foster Care Support Services are provided to children and families who need short-term or temporary protection because they are abused, neglected, and/or involved in family conflict. The goal of Foster Care Support Services is to return children to their homes or to find another permanent home as early as possible. Children are served either in their own homes or in out-of-home placements. Also included are support services received by children while in foster care: clothing and personal incidentals, psychological evaluation and treatment, personal care services, transportation, and payments made to foster parents for respite and for additional supervision for special activities.

Notes: (1) CSDB client counts for Foster Care Support Services include both the children being served and their families. (2) Children receiving Foster Care Support Services may be served in their own homes as well as in out-of-home placements. (3) Foster Care Support Services may be provided without prior Child Protective Services (CPS) involvement.

Foster Care Placement Services: Foster Care Placement Services are provided when children need short-term or temporary protection because they are abused, neglected, and/or involved in family conflict. The goal of Foster Care Placement Services is to return children to their homes or to find another permanent home as early as possible. Children are served in out-of-home placements. Placement types include traditional Foster Care Placements as well as placements in Family Receiving Homes.

Notes: (1) CSDB client counts for Foster Care Placement Services include only the children being served, not their families. (2) Children receiving Foster Care Placement Services are served exclusively in out-of-home settings. (3) Foster Care Placement Services may be provided without prior Child Protective Services (CPS) involvement.

Group Treatment Care: Includes Group Care and Treatment Foster Care. Treatment may occur in either in-home or out-of-home settings with length of service ranging from 3 to 18 months. Group Care and Treatment Foster Care may include the following services:

- ◆ Children's Hospitalization Alternatives Program (CHAP) In-Home Services: As an alternative to foster placement, children receive the full range of CHAP services while living at home.
- ◆ In-home Continuum of Care (wrap-around) Services: CA funds in-home service plans for children leaving residential treatment facilities.
- ◆ Sexually Aggressive Youth (SAY): Payment for tests, equipment, or emergency intervention services related to the treatment of children who have been sexually aggressive to others.
- ◆ Early/Enhanced Discharge and After Care (EDAC) services.
- ◆ Services for autistic children
- ◆ Additional supervision
- ◆ Clothing and personal incidentals
- ◆ Transportation
- ◆ Legal services

Additional Services in Program Total

Some services are small and unlike others. Programs may choose to include these in the program total only, rather than include them with dissimilar services. Client counts and expenditures for the following services appear in the program total only:

- Personal Care – Nurse Oversight: Authorizations for Title XIX Personal Care Nurse Oversight services for children with special needs.
- First Steps Social Services: Evaluation by a CSO First Steps social worker of all pregnant household members who apply for or are receiving financial, medical, and/or food stamp benefits. Clients receive an assessment and are linked as necessary to case management or other health support services.
- Child Care Registration: Payment of a fee to register a child in a licensed Child Care facility.
- Child Care Registration – Infant Bonus: Payment of a \$250 infant bonus to a licensed or certified Child Care provider.
- Independent Living Skills (ILS) Support: Payment for enhanced non-maintenance services for children 16 or older living in a CA-paid placement who are not receiving contracted ILS services.

Changes from NADB-SFY94 to CSDB-SFY99

- Client counts for “Foster Care” in NADB for SFY94 were reported only for those children in out-of-home placements. Client counts for “Foster Care Services” in CSDB for SFY99 are reported for children in their own homes as well as for those in out-of-home placements.

Changes from CSDB-SFY99 to CSDB-SFY00

- Client counts for “Foster Care Services” in CSDB for SFY99 were reported for children in their own homes as well as for those in out-of-home placements. In CSDB for SFY00, Foster Care is broken down into 2 service categories: (1) Foster Care Support Services and (2) Foster Care Placement Services.
 - ♦ **Foster Care Support Services** are supportive services provided to children and their families either in their own homes or in out-of-home placements.
 - ♦ **Foster Care Placement Services** include only the children being served, not their families. Children are served exclusively in out-of-home placements.

Changes from CSDB-SFY00 to CSDB-SFY01

- Client counts for Behavioral Rehabilitation Services (BRS) are included in CSDB for SFY01. BRS are broken down into 2 service categories: (1) Emergent and (2) Ongoing.
 - ♦ **Emergent BRS** are short-term, assessment and interim care services.
 - ♦ **Ongoing BRS** are long-term, continuing therapeutic services.

In CSDB for SFY99 and SFY00, Emergent BRS were reported as Crisis Care Services while Ongoing BRS were reported as Group Treatment Care.

- The definitions for the Crisis Care Services and Group Treatment Care reporting categories have changed from those used in CSDB for SFY99 and SFY00. In CSDB for SFY01, the short-term assessment and interim care services that previously resided in **Crisis Care** are now found in Emergent BRS. Also in CSDB for SFY01, many of the long-term, continuing therapeutic services that previously resided in **Group Treatment Care** are now found in Ongoing BRS.
- Client counts for Division of Licensing Resources (DLR) Child Protective Services (CPS) were reported in CSDB for SFY99 and SFY00. DLR CPS is not reported in CSDB for SFY01 due to data quality concerns expressed by CA staff.
- Client counts and dollar amounts for the Crisis Care Services report group are lower in SFY01 than previous fiscal years. This decrease is due to the transfer of selected services from Crisis Care to the Family Reconciliation Services (FRS) report group.

Changes from CSDB-SFY01 to CSDB-SFY02

- **Child Care** declined significantly due to the transfer of programs that support parents’ employment from Children’s Administration to the Economic Services Administration.

Special Note: Expenditures for some services in CSDB may differ slightly from those reported by Children’s Administration. CSDB attributes expenditures to each month of service and in some instances other systems report expenditures in a single month.

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Division of Alcohol and Substance Abuse

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Services in this Report

Detoxification
ADATSA Assessments
Residential Treatment
Outpatient Assessments
Outpatient Treatment
Opiate Substitution Treatment

Not in this Report

Most DASA Child Care
Interagency Prevention Services
Community Outreach and Prevention Services
Some Support Services
Some Special Projects

DASA provides alcohol and drug related services to help people recover from alcoholism and drug addiction. DASA contracts with counties and service agencies to provide services to clients who cannot pay for the full cost of treatment. (1) DASA pays counties to provide ADATSA Assessments and Outpatient Treatment. The amount paid to individual counties is based on an allocation formula which takes into account demographic factors associated with the incidence of substance abuse. The counties contract with private agencies to provide services. (2) DASA also contracts directly with service agencies to provide Residential Treatment services. DASA does not provide any direct client services.

Services

Detoxification: Detoxification is a short-term residential service for persons withdrawing from the effects of excessive or prolonged alcohol or drug consumption. Services continue only until the client recovers from the transitory effects of acute intoxication. Detoxification always includes supervision, and may also include counseling and/or medical care. Some counties provide detoxification in specialized freestanding facilities. In other counties, community hospitals provide detoxification.

ADATSA Assessments: The Alcohol and Drug Addiction Treatment and Support Act (ADATSA) establishes a discrete mode of treatment for indigent, unemployable alcoholics and drug addicts as a constructive alternative to maintaining these persons on the public assistance rolls. Clients determined both financially indigent and clinically eligible may receive ADATSA Assessment services from contracted assessment centers. An assessment includes a diagnostic evaluation of alcohol or other drug addiction; a determination of employability; and, if the applicant elects treatment, a determination of the proper access point to the continuum and course of treatment for that client.

Residential Treatment: DASA contracts directly with private agencies to provide the following services: Intensive Inpatient Treatment, Long-term Residential Drug Treatment, and Recovery House Care. Residential Treatment also includes Involuntary Chemical Dependency Treatment (ICDT). Residential facilities provide treatment to both ADATSA and regular DASA clients, pregnant and parenting women, and youth.

Outpatient Assessment: Counties contract with private agencies to provide a variety of diagnostic services in a non-residential setting. Outpatient Assessment patients include Medical Assistance-eligible and low-income adults and adolescents. Outpatient Assessment services also include assessment activities provided through Group Care Enhancement contracts with group homes or congregate settings from outside of DASA. Specialized assessment services are also provided to targeted client groups including DCFS-referred adults, pregnant and parenting women, youth, Native Americans, and TANF participants.

Outpatient Treatment: Counties contract with private agencies to provide a variety of treatment services in a non-residential setting according to a prescribed treatment plan. Outpatient Treatment patients include ADATSA, Medical Assistance-eligible, and low-income adults and adolescents. Outpatient treatment for ADATSA clients includes vocational counseling and other efforts to help clients regain employment. Outpatient Treatment services also include treatment activities provided through Group Care Enhancement contracts with group homes or congregate settings from outside of DASA. Specialized treatment is also provided to targeted client groups including DCFS-referred adults, pregnant and parenting women, youth, Native Americans, and TANF participants.

Opiate Substitution Treatment: Contracted Opiate Substitution Treatment agencies provide outpatient service for both Medicaid eligible and non-Medicaid eligible clients addicted to heroin or other opiates. Opiate Substitution Treatment includes counseling and daily, or near daily, administration of methadone or other approved substitute drugs.

Additional Services in Program Total

Some services are small and unlike other services. Programs may choose to include these in the program total only, rather than include them with dissimilar services.

Client counts and expenditures for the following services appear in the program total only:

- Parenting Education services for Pregnant and Parenting Women.
- Other Miscellaneous services for Pregnant and Parenting Women.
- DASA Therapeutic Child Care: The Childhaven agency provides child care for children affected by alcohol and/or drugs during their mother's pregnancy. DASA Therapeutic Child Care is provided while the mother is in outpatient treatment.
- DASA Child Care: DASA also pays for non-therapeutic Child Care while the mother is in outpatient treatment.
- Case Management for Medicaid-eligible Youth.
- Intensive Case Management for Medicaid-eligible Youth.
- Stipend payments for ADATSA clients to cover food and housing costs while in outpatient treatment or a small personal/incidental grant while in residential treatment.
- Housing Support Services: DASA contracts with private agencies to provide individual or group living for Parenting Women in a drug free environment.
- Urinalysis: DASA pays for screening of Medical Assistance-eligible clients.

Changes from NADB-SFY94 to CSDB-SFY99

- NADB for SFY94 reports included Drug Screenings performed for Medical Assistance-eligible Washington state residents at the DART facility in Portland, OR. CSDB for SFY99 does not include Drug Screenings.
- NADB for SFY94 reports did not include Protective Payee Payments for ADATSA Shelter Clients. CSDB for SFY99 reports these in the program total only for DASA.
- Also, specialized outpatient assessment and treatment services were not included in

NADB for SFY94 but are reported in CSDB for SFY99. These services are targeted towards the following priority populations: DCFS-referred adults, TANF participants, Native Americans, Pregnant/Parenting Women, and Youth.

- Mentally Ill Chemical Abuser (MICA) Treatment services are provided at the Pioneer Center North Facility under a contract paid jointly by DASA and the Mental Health Division (MHD). NADB for SFY94 reported clients receiving MICA services under both DASA and MHD. NADB for SFY94 allocated expenditures for the jointly contracted services between DASA and MHD according to each program's share of the total contract. CSDB for SFY99 reports clients receiving MICA services under DASA only.

Changes from CSDB-SFY99 to CSDB-SFY00

- CSDB for SFY99 reported client counts for Mentally Ill Chemical Abuser (MICA) Treatment at the Pioneer Center North Facility under the DASA results while expenditures were reported under both DASA and MHD. CSDB for SFY00 does not report data for this service due to the elimination of MICA at Pioneer North.

Changes from CSDB-SFY00 to CSDB-SFY01

1. CSDB for SFY00 reported client counts for ADATSA Shelter clients who received Protective Payee Payments. CSDB for SFY01 does not report data for this service due to DASA's shift to a new system for administering this service in July of 2000.
2. CSDB for SFY00 reported clients counts for Outpatient Treatment that included both assessment and treatment services. CSDB for SFY01 breaks this into 2 reporting categories:
 - a) Outpatient Assessment which includes only non-ADATSA assessment services.
 - b) Outpatient Treatment which includes only treatment-related services.
3. CSDB for SFY00 reported Urinalysis services under the Outpatient Treatment reporting category. CSDB for SFY01 reports Urinalysis in the program total only.

Changes from CSDB-SFY01 to CSDB-SFY02

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Division of Developmental Disabilities

Services in this Report

D Assessments and Case Management
D Nursing Facilities and Residential Habilitation Centers
D Community Residential Services
Family Support Services
Personal Care Services
Professional Support Services
Voluntary Placement – Children

Not in this Report

Training
Payments for DDD Group Home vacancies
Respite Care for RHC and SOLA residents
Authorized Employment and Day Services
(only the Provided services are reported)

DDD provides support services and opportunities for the personal growth and development of persons with developmental disabilities resulting from mental retardation, epilepsy, cerebral palsy, autism or similar neurological conditions that originated before adulthood. DDD clients' disabilities are lifelong and constitute a substantial handicap to everyday functioning. Additional, children under age 6 may receive services if they have Down Syndrome or have developmental delays of 25% or more below children of the same age. CSDB obtains service and expenditure information for some clients who do not appear in DDD information systems due to the inclusion of additional source information systems (e.g. the Medicaid Management Information System). DDD also typically reports point in time counts rather than annual counts. For these reasons, CSDB client counts and dollar sums may differ from those reported by DDD.

Services

Assessments and Case Management: Case managers perform intake, eligibility determinations, and reviews; and provide information and referral services to applicants and eligible clients. Case managers help eligible DDD clients and their families assess needs; develop and review individual service plans; authorize services; and link clients with needed medical, social, educational or other services, as well as provide support and assist in handling life crises. Case management service is not provided to clients living in state institutions. A Habilitation Plan Administrator (HPA) at the institution monitors these clients. While CSDB includes expenditures for all clients receiving assessments and ongoing case management, counts are reported only for those clients who are determined eligible for ongoing Case Management services.

Residential Habilitation Centers and Nursing Facilities: The following state Residential Habilitation Centers (RHCs) provide residential and habilitation services to persons with developmental disabilities either under Intermediate Care Facilities for the Mentally Retarded (ICF/MR) or Nursing Facility (NF) regulations: Rainier School and the Frances Haddon Morgan Center have only ICF/MR beds; Fircrest and Lakeland Village have both ICF/MR and NF beds; all beds at Yakima Valley are NF. Respite care services, not identified as such in the data, are included making CSDB counts higher than DDD reports.

Note: According to DDD staff, SFY02 expenditures for RHCs are slightly overstated in this report.

Community Residential Services: DDD clients who require assistance with daily living may receive facility based or non-facility based Community Residential Services. Clients receiving facility based services live in contracted Intermediate Care Facilities for the Mentally Retarded (ICF/MRs), Adult Residential Centers (ARCs), Group Homes, or Adult Family Homes (AFHs) where staff provide support and training. Clients receiving non-facility based services live in their own homes, either alone or with a roommate; contracted agencies provide the necessary support in homes owned or rented by the client. Non-facility based services include Alternative Living, Medical/Dental services (for clients who are not Medicaid-eligible), Supportive Living, State Operated Living Alternatives (SOLAs), Tenant Support, and Other Residential Support. Other Residential Support may include summer recreational activities, specialized aids or equipment purchases, reimbursement for activity fees, client transportation, interpreters, and other community supports such as client allowances or temporary additional staff when needed.

County Services: DDD contracts with county governments to provide services to both adults and children. Adult-oriented services include: (1) Individual Supported Employment which helps clients find and keep jobs in the community, (2) Group Supported Employment which enables clients to work in groups or enclaves at local businesses, (3) Prevocational Employment / Specialized Industries which provides employment in training centers, and (4) Community Access, Person-to-

Person, Individual & Family Assistance, and Adult Day Health services which emphasize development of personal relationships within the individual's local community. DDD also funds Child Development services through county contracts. These services provide specialized therapeutic or educational services for infants and toddlers and their families in order to maximize the child's development and to enhance parental support of the child.

Note: Expenditures for County administration of these services are not included.

Family Support Services: These services enable families to keep children with developmental disabilities at home. Family Support Services include Respite Care, Attendant Care, and Transportation for attendants or family members. Some clients receiving Family Support Services also receive the following services: Nursing Care, Physical Therapy, Occupational Therapy, Instructional Therapy, Behavioral Therapy, Communication Therapy, and Counseling.

Personal Care Services: DDD provides Personal Care Services to Medicaid-eligible children and adults. The major difference between children's and adult's Personal Care is in the interpretation of the level of need for specific Personal Care tasks. This service enables eligible individuals to remain in their community residences through the provision of semi-skilled maintenance or supportive services. These services can be provided in the person's own home, a licensed Adult Family Home (AFH), or an Adult Residential Center (ARC).

Professional Support Services: DDD funds the following Professional Support Services for adult DDD clients supported by Community Residential Services: Medical and Dental services (for clients Medicaid-eligible), Psychological Services (used to determine eligibility), Professional Evaluations (required by the criminal courts), Counseling, Nursing Care, Behavioral Therapy, Communication Therapy, Physical Therapy, Occupational Therapy, Instructional Therapy, and Other Therapies approved by exception. DDD also funds Professional Support Services for persons with developmental disabilities who live with their families.

Note: CSDB counts for Medical/Dental services include only those clients whose treatment was paid for by DDD. DDD does not typically report on Medical/Dental services, so counts and cost will be higher than reported by DDD. Those clients whose treatment was paid for by the Medical Assistance Administration are included in the MAA counts.

Voluntary Placement - Children: A family may ask for out-of-home placement for their child under 18 due solely to the child's disability. Under certain circumstances, the child may be placed in licensed out-of-home care. Currently the program is capped and cannot accept new children.

Additional Services in Program Total

Some services are small and unlike others or they may involve special circumstances which prevent them from being reported separately. Programs may choose to include these services in the program total only, rather than include them with dissimilar services. Client counts and expenditures for the services below appear in the program totals only:

- *Infant Toddler Early Intervention Program (ITEIP):* ITEIP provides early intervention services, including family resources coordination, for eligible children from birth to age 3 and their families. DSHS is the lead agency and DDD is the programmatic home for ITEIP. Some services provided through the ITEIP will be reported in the DDD program total only; and will not appear as a separate service. CSDB does not include costs for administration of this program or services coordinated through non-DSHS agencies. Child Development, services coordinated through DDD, is reported under County Services. The CSDB total includes those ITEIP services provided through Snohomish County and paid through the Social Service Payment System (SSPS). ITEIP data is available through the ITEIP Data Management System. The Data System provides real-time counts of infants and toddlers receiving ITEIP services. The counts include: active children with IFSPs, children receiving services, services counts by ethnicity, primary service settings, number of referrals, children transitioned, and the total number of active children in the ITEIP system. The above data can be obtained from ITEIP.

Changes from NADB-FY94 to CSDB-SFY99:

1. Voluntary Placement – Children is reported for the first time.
2. The following services were reported as Supplemental Community Support in NADB for SFY94 but are now reported as Community Residential Services in CSDB for SFY99: summer recreational activities, equipment purchases, reimbursement for activity fees, and client transportation.
3. The following services were reported as Supplemental Community Support in NADB for SFY94 but are now reported as Professional Support Services in CSDB for SFY99: Interpreters, translators, psychological services, and Professional evaluations.

Changes from CSDB-SFY99 to CSDB-SFY00:

Nurse Delegation services were reported in the program total for AASA in CSDB for SFY99. They are reported as Community Residential Services in CSDB for SFY00.

Changes from CSDB-SFY00 to CSDB-SFY01:

County Services were reported separately in CSDB for SFY99 and SFY00. These services are reported in the program totals for DDD in CSDB for SFY01.

Changes from CSDB-SFY01 to CSDB-SFY02:

County Services were reported separately in CSDB for SFY99 and SFY00 and in the program totals only for SFY01. County Services are once again reported separately for SFY02.

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Division of Vocational Rehabilitation

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Services in this Report

IL Case Management, Expenditures, and Part B
VR Case Management
Vocational Assessment
Medical and Psychological Services
Training, Education, and Supplies
Personal Support Services
Placement Support Services (Work Support)

DVR serves persons who want to work but have difficulty obtaining and/or maintaining employment due to a physical, sensory, and/or mental disability. DVR provides vocational assistance, independent living, and job support services.

Services

IL Case Management, Expenditures and Part B:

Independent Living Case Management includes evaluations and social services that assist persons in dealing with life issues that get in the way of rehabilitation and employment goals. Case managers help clients to access community resources and develop self-advocacy, money management, and personal organization skills.

VR Case Management - Pre, Post, PES. Vocational Rehabilitation services help participants assess job skills and find suitable employment. Case managers assist a small segment of clients who are severely disabled. To maintain employment, these clients require ongoing follow-up and post-employment services. Other agencies provide long-term follow-up and employment services.

Vocational Assessment (Assessment/Job Skills):

Agencies contracted by DVR identify clients' interests, readiness for employment, work skills, and job opportunities in the community.

Medical and Psychological Services: Agencies contracted by DVR provide medical or psychological evaluations needed to identify work potential and/or enhance job accessibility. Medical and Psychological Services include the purchase of adaptive devices, prostheses, eye glasses, and job site re-engineering.

Training, Education, and Supplies: DVR funds the direct costs of post-secondary Training. DVR also assists clients with Education and Supplies including tuition, school books and equipment, interpreter or reader services, and lab fees.

Personal Support Services: DVR funds services associated with the completion of a rehabilitation plan and with finding employment. Personal Support Services include payments for transportation, day care, independent living services, and vehicle modifications necessary to accommodate a disability.

Placement Support Services (Work Support):

DVR funds services associated with job placement. Placement Support Services includes the purchase of work clothing, books, tools or equipment necessary for job placement; assistance with resumes, job applications, business licenses and fees; and job placement fees.

Changes from NADB-SFY94 to CSDB-SFY99

- Independent Living Case Management was not reported in NADB for SFY94. This service was reported for the first time in CSDB for SFY99.
- Regular Case Management and Supported Employment Case Management were reported separately in NADB for SFY94. These services have been combined in CSDB for SFY99 and are now reported as Vocational Rehabilitation Case Management.

Changes from NADB-SFY99 to CSDB-SFY00

- None

Changes from NADB-SFY00 to CSDB-SFY01

- None

Changes from NADB-SFY01 to CSDB-SFY02

- None

CSDB Glossary – State Fiscal Year 2002

Economic Services Administration

E S A

Services in this Report

1. Consolidated Emergency Assistance Program (CEAP)
2. Diversion Cash Assistance
3. Food Stamp Benefits
4. General Assistance-Aged, Blind, Disabled (GA-A/B/D), General Assistance- Institutional (GA-I), General Assistance-Unemployable (GA-U), and General Assistance-Expedited Medical Disability (GA-X)
5. ORIA Self-Sufficiency Services and Refugee CSO Case Management
6. Refugee Grants
7. Supplemental Security Income (SSI) State Supplemental Payments
8. TANF Grants (for both 1 and 2 Parent Families)
9. WorkFirst
10. Working Connections Child Care

Not in this Report

1. Telephone Assistance (Washington Telephone Assistance Program)
2. Non-Assistance Support Collection
3. Public Assistance Recoveries (which offset ESA expenditures)
4. Refugee Health Screening

ESA administers welfare grants, related employment training, and child care to low-income persons in the following groups: disabled and unemployable persons, persons who have children under age 18, and pregnant women. In addition, ESA administers services which promote economic independence and self-sufficiency for refugees through the effective use of financial, medical, and social services. ESA also administers food assistance services.

Services

Consolidated Emergency Assistance Program (CEAP):

ESA provides for specific emergent needs such as food, shelter, clothing, minor medical, household maintenance, job-related transportation or clothing, and transportation for foster care-bound children. Payment is limited to specified maximums for individual emergent need items or the Temporary Assistance for Needy Families (TANF) Payment Standard, whichever is lower. Benefit payments are authorized for only 30 days in any 12 consecutive month period. CEAP is available to the following persons: (1) pregnant women in any stage of pregnancy or (2) families with dependent children. Prior to January 2000, clients could be eligible for CEAP benefits while receiving ongoing cash assistance. Clients must be ineligible for TANF, State Family Assistance (SFA), Refugee Cash Assistance (RCA), or Diversion Cash Assistance (DCA) to receive CEAP benefits.

Diversion Cash Assistance (DCA) Service: ESA provides one-time DCA grants to low-income families with temporary emergent needs who are not likely to need continued assistance if those needs are met. DCA grants are limited to \$1500 once per year. DCA payments may be used to cover emergent needs for shelter, transportation, child care, food, medical care, and employment-related expenses. Recipients must meet TANF or SFA eligibility criteria to receive a DCA grant. If the family or assistance unit goes on TANF or SFA assistance within 12 months of receiving a DCA grant, a proportionate amount of the DCA payment must be repaid.

Washington Basic Food Program (Basic Food): Federal Food Stamp Program (FSP) benefits are available to

households with income below 130% of the federal poverty level and resources below federal limits. Legal immigrants who are ineligible for the federal FSP but meet FSP income and resource limits receive state-funded Basic Food. Basic Food benefits are generally available to all low-income households regardless of factors such as age, incapacity, and dependency. Certain Able-Bodied Adults Without Dependents (ABAWDs) are limited to no more than 3 months of benefits during a 36-month period unless they either work at least 20 hours a week or participate in Food Stamp Employment and Training. Certain recipients who also receive SSI benefits from Social Security Administration receive Basic Food through the Washington State Combined Application Program (WASHCAP). WASHCAP is a simplified process for eligible individuals to get and keep Basic Food benefits. WASHCAP is a joint effort between DSHS, the U.S. Department of Agriculture Food and Nutrition Service, and the Social Security Administration. All Basic Food recipients receive debit cards redeemable for food at participating food stores.

General Assistance-Aged, Blind, and Disabled (GA-A/B/D), General Assistance-Institutional (GA-I), General Assistance-Unemployable (GA-U), and General Assistance-Expedited Medical Disability (GA-X): ESA provides GA-A/B/D, GA-I, GA-U, and GA-X cash grants to clients who are poor and unable to work due to a physically or mentally incapacitating medical condition. GA-A/B/D benefits are paid to the aged, blind, and/or disabled. GA-I benefits are paid to clients residing in institutional facilities. GA-U benefits are paid to those with medical conditions that are not severe or long-term enough to meet federal disability

criteria. GA-X benefits are paid to clients who are awaiting SSI determination (GA-X).

Supplemental Security Income (SSI) State Supplement Payments: SSI is a national benefit service for individuals and couples who are age 65 or older or who are blind or disabled as determined by the Social Security Administration (SSA). SSI State Supplement Payments (SSP) are Washington State funded grants which supplement federal SSI payments. ESA provides SSP grants to SSI recipients who have an ineligible spouse or are grandfathered Mandatory Income Level (MIL) clients. SSA determines both ineligible spouse status and MIL status.

Temporary Assistance to Needy Families (TANF) / State Family Assistance (SFA): ESA provides TANF cash grants to the following financially needy client groups: (1) children under age 18, (2) children under age 19 attending high school or working towards a GED full-time, (3) parents or caretaker relatives of these children, (4) unmarried teen parents under the age of 18, and (5) pregnant women. Eligibility for TANF cash grants is limited to a 5-year period during which adult members of the family or assistance unit are expected to participate in WorkFirst (see the description below). In addition to ongoing TANF cash grants, families may receive a special one-time Additional Requirements for Emergent Needs (AREN) cash payment to meet emergency housing or utility needs. ESA also provides SFA cash grants to certain persons meeting Washington State residency requirements who are not eligible for TANF assistance and who are (1) qualified aliens and have been in the United States for less than five years, (2) aliens who are permanently residing in the US under color of law (PRUCOL), (3) nineteen or twenty year-old students meeting certain education requirements (i.e. receiving a special education due to their disability or participating full-time in secondary education or vocational training), or (4) pregnant women who have been convicted of either misrepresenting their residence in order to receive benefits from two or more states at the same time or of a drug-related felony.

RIA Services and CSO Case Management: The Refugee and Immigrant Assistance section (RIA) provides a variety of services including English as a Second Language (ESL) Training, Health Screening, Self-Sufficiency Assessments, Citizenship Training, Employment Services, Foster Care, and other Social Services. All RIA Services are provided to refugees and immigrants through contracts with community based organizations and private and government agencies. ESL Training assists refugees and immigrants to overcome communication problems and to obtain the necessary language skills to find employment. Employment Services include assessment, job development, job placement, on-the-job-training, and follow-up to ensure job retention. CSO Case Management includes an evaluation of health, education, skills, work history, and employment potential; assistance in developing a personal employment plan; and referrals to social and medical services.

Refugee Grants: Refugees who meet state income and grant standards, but do not qualify for TANF or SSI, receive federal Refugee Cash Assistance (RCA) for their first eight

months in the United States. In general, RCA recipients are single persons and married couples without children.

WorkFirst: Persons age 16 or older who are part of a TANF family or assistance unit are required to participate in WorkFirst. WorkFirst services including but not limited to job search, basic education (including high school/GED completion, remedial education, and English language proficiency), jobs skills training, customized job skills training, subsidized community jobs, one year of post-secondary education (career counseling as well as limited academic education and vocational instruction), and on-the-job training. WorkFirst participation meets the Food Stamp Employment and Training (FS E&T) requirements for Basic Food Assistance.

Child Care: ESA provides child care assistance to: (1) eligible TANF families who require child care to participate in approved WorkFirst activities, job search, employment, or training and (2) non-TANF families who require child care to maintain employment or to attend approved training in addition to employment. In FY02 services include Working Connections, Teen Parent and Seasonal child care. Clients must pass an economic means test. Prior to FY02, the Teen Parent and Seasonal Child Care programs were administered by Children's Administration.

Note: CSDB Child Care counts include both the children being served and their adult, primary caregivers.

Additional Services in Program Total

- Some services are small and unlike other services. Programs may choose to include these in the program only total, rather than include them with dissimilar services. Client counts and expenditures for the following services appear in the program total only:
- SSI Facilitation: ESA provides assistance with the completion and monitoring of SSA Title II or Title XVI applications to the following client groups: (1) GA-U recipients, TANF recipients, and ADATSA shelter residents.
- Protective Payee Fees.
- Eligibility Determination: ESA staff perform assessment, evaluation, and documentation of incapacity for applicants or recipients.
- General Assistance-Legal Guardian (GH-H) payments: ESA provides cash grants for the basic needs of children who live with court-appointed legal guardians or permanent legal custodians. Beginning in July 2000, this service was integrated with TANF.
- Refugee Unaccompanied Minors: ORIA administers foster care contracts for children who have been identified as Unaccompanied Minors by the Office of Refugee Resettlement. The contracting agencies provide services that include recruiting, training and/or licensing foster families, placement, and casework services. These agencies also provide emancipation training and cultural preservation activities.

Changes from NADB-SFY94 to CSDB-SFY99

- Consolidated Emergency Assistance Program (CEAP) was reported for the first time in CSDB for SFY99. This service was reported in the program total only in NADB for SFY94.
- NADB for SFY94 reported grants paid through Aid to Families with Dependent Children (AFDC). AFDC has been significantly re-structured due to federal welfare reform legislation passed in 1996 and is now referred to as Temporary Assistance to Need Families (TANF). CSDB for SFY99 reports grants paid through TANF.
- NADB for SFY94 reported services provided through ESA Child Care. These services have also been significantly re-structured due to federal welfare reform legislation passed in 1996 and are now referred to as Working Connections Child Care. CSDB for SFY99 reports assistance provided by Working Connections Child Care.
- NADB for SFY94 reported services provided through Job Opportunities for Basic Skills (JOBS) training. These services have also been significantly re-structured due to federal welfare reform legislation passed in 1996 and are now referred to as WorkFirst. CSDB for SFY99 reports assistance provided by WorkFirst.
- Refugee Unaccompanied Minors services were reported as a separate service category in NADB for SFY94. Due to significant decline in the numbers served, this service is reported in the program total only in CSDB for SFY99.

Changes from CSDB-SFY99 to CSDB-SFY00

- CSDB for SFY99 reported General Assistance for Pregnant Women (GA-S). Through April 1999, ESA provided GA-S cash grants to low-income pregnant women who were not eligible for TANF because they were in the first two trimesters of their pregnancy. This service was integrated with TANF in May of 1999 by expanding TANF eligibility to include pregnant women in the first two trimesters of pregnancy. CSDB for both SFY00 reports these grants under the TANF report group.

Changes from CSDB-SFY00 to CSDB-SFY01

- CSDB for SFY01 reports Food Stamp Employment and Training (FS E&T) clients as part of the WorkFirst reporting group total. These FS E&T clients must participate in job search activities and/or attend General Education Development or English as a Second Language classes in order to receive food assistance.

Changes from CSDB-SFY01 to CSDB-SFY02

- Washington Basic Food Program was called Food Assistance Benefits in prior years.
- Child Care, which was called Working Connections Child Care in prior years, includes services that were previously administered by Children's Administration.

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Juvenile Rehabilitation Administration

J
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Services in this Report

Parole
Community Placement
JRA Institutions and Youth Camps

Not in this Report

Learning and Life Skills Services
Consolidated Juvenile Services

JRA serves youth who have been adjudicated in Juvenile Court and sentenced for a minimum and maximum term. CSDB reports data for JRA youth in residential placements, or who have been in residential placement and moved out on parole. Learning and Life Skills Services and Consolidated Juvenile Services which JRA funds are not included. Specialized Mental Health, Substance Abuse, and/or Sex Offender treatment services are provided to all JRA youth as necessary in its Institutional, Youth Camp, Community, and Parole placements.

Services

Parole: Parole counselors supervise juvenile offenders released to parole status. Counselors provide structure, supervision, family and client support, and access to needed community services. Several distinct types of Parole are provided:

- (1) Regular,
- (2) Intensive,
- (3) Sex Offender, and
- (4) Basic Training Camp Aftercare.

Community Placement: JRA clients are housed in the following types of small group facilities while working and/or attending schools in the community:

- (1) JRA-operated Community Facilities,
- (2) Contracted Community Facilities, and
- (3) Short Term Transitional Program.

JRA Institutions and Youth Camps: All JRA institutions and youth camps provide treatment, education, and/or work experience in a secure facility.

JRA Institutions include:

- (1) Green Hill,
- (2) Maple Lane, and
- (3) Echo Glen.

JRA Youth Camps include:

- (1) Naselle, and
- (2) Mission Creek.

Basic Training camps.

Additional Services in Program Total

Some services are small and unlike the others.

Programs may choose to include these only in the program total, rather than with dissimilar services. Client counts and expenditures for the following services appear in the program total only:

- Special Sex Offender Disposition Alternative (SSODA) services are designed for first-time juvenile sex offenders allowing for community supervision and treatment as an alternative to institutional confinement.
- Chemical Dependency Disposition Alternative (CDDA) services are designed for substance-abusing juvenile offenders allowing for community supervision and treatment as an alternative to institutional confinement.

Changes from NADB-SFY94 to CSDB-SFY99

- Parole was reported as a single service in NADB for SFY94. Four types of Parole are reported in CSDB for SFY99: (1) Regular, (2) Intensive, (3) Sex Offender, and (4) Basic Training Camp Aftercare.
- Group Home services reported in NADB for SFY94 are now referred to as Community Facilities in CSDB for SFY99.
- The Community Residential Placement service category reported in NADB for SFY94 is now referred to as Contracted Community Facilities in CSDB for SFY99.
- CSDB for SFY99 includes two new facilities in the Institutions and Youth Camps report group: (1) the Indian Ridge Youth Camp and (2) the Camp Outlook Basic Training Camp.

Changes from CSDB-SFY99 to CSDB-SFY00

- Option B services designed for lower risk juvenile offenders as an alternative to standard institutional commitment have been eliminated. They are not reported in CSDB for SFY00.

Changes from CSDB-SFY00 to CSDB-SFY01

- None

Changes from CSDB-SFY01 to CSDB-SFY02

- Community Commitment Program was replaced by Short Term Transitional Program.

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Medical Assistance Administration

M Services in this Report

A Medically Eligible Clients (Title XIX assistance)
A Medically Eligible Clients (non-Title XIX assistance)
Hospital Inpatient Care
Hospital Outpatient Care
Physician Services
Dental Services
Prescription Drugs
Managed Health Care Payments
Other Medical Services

Not in this Report

Audit Settlements
Family Planning
HIV Insurance
Kidney Disease Programs
Medicare Premium Payments
Transportation
Disproportionate Share
Drug Rebates
FQHC Encounters & Enhancements

MAA assures that necessary medical care is available to income assistance and other eligible low income persons. Medical Assistance-paid services include fee-for-service payments and managed health care premiums. Medical Assistance-paid services also include primary care case management clients, regardless of whether they received fee-for-service services. Through the provision of Medicaid services, MAA uses both federal and state funds to pay for services to Categorically Needy clients, those meeting categorical and income eligibility requirements set by the federal government for income assistance services; and to Medically Needy clients, those meeting categorical eligibility requirements but with assets and/or incomes slightly higher than the allowable limits. Categorically Needy clients include pregnant women in Washington State who are at or below 185 percent of the federal poverty level as well as Medicaid eligible children under the age of 19 with family incomes at or below 200 percent of the federal poverty level. Under the Refugee Act of 1980 the federal government pays for services provided to refugees in their first 8 months in the United States. In addition to federally-funded services, Washington State covers the cost of services to non-Medicaid eligible children under the age of 18 with family incomes below 100 percent of the federal poverty level, to non-Medicaid eligible clients receiving GA-U, and to clients receiving Medically Indigent services.

Eligibility Categories

Medically Eligible Clients (Title XIX assistance). Clients who are eligible to receive medical services for which the state receives federal Title XIX matching funds. Title XIX of the Social Security Act funds: “(1) medical assistance on behalf of families with dependent children and of aged, blind, or disabled individuals, whose income and resources are insufficient to meet the costs of necessary medical

services, and (2) rehabilitation and other services to help such families and individuals attain or retain capability for independence or self-care.”

Medically Eligible Clients (non-Title XIX assistance). Clients who are eligible to receive medical services which are not Title XIX funded.

Services

Hospital Inpatient Care: Hospital Inpatient Care includes care and treatment to clients admitted to stay at a facility under the direction of a physician or dentist. A licensed or formally approved hospital furnishes these services. This program includes emergency room services to clients admitted through the emergency room to an inpatient stay. Hospital Inpatient Care includes room and board and other ancillary services such as drugs, laboratory, and radiology.

Hospital Outpatient Care: A licensed or approved hospital provides Hospital Outpatient Care to clients treated, but not admitted to stay, at the facility.

Physician Services: A provider of Physician Services is, or is under the personal supervision of, an individual licensed to practice medicine or osteopathy. Providers furnish Physician Services in the physician's office, the client's home, a hospital, a nursing home, or a clinic. Physician Services include primary care case management. FQHC Encounters are not included in these (CSDB) data.

Dental Services: These include diagnostic, preventive, or corrective services provided by or under the

supervision of an individual licensed to practice dentistry or dental surgery.

Prescription Drugs: These include simple or compound substances or mixtures prescribed by a physician or other licensed practitioner and dispensed by licensed pharmacists or other authorized practitioners, with no adjustment for drug rebate.

Managed Health Care Payments: Managed Health Care Payments are fixed monthly premiums paid on a per client basis to managed health care providers. In return for the payment, a managed health care provider makes a range of services available to the client. The one-time payment is independent of the client's use of those services and replaces the traditional fee-for-service arrangement. Health maintenance organizations, (which provide services through staff physicians) or health insuring organizations (which contract with primary care physicians to provide services) administer managed health care plans. FQHC Enhancements are not included in these (CSDB) data.

Other Medical Services: Other Medical Services include laboratory tests and x-rays, durable medical equipment, home health care, optometrists/opticians/eyeglasses, chiropractic care, Indian Health, rural health facilities, and a variety of other services that represent a small proportion of MAA expenditures.

Changes from NADB-SFY94 to CSDB-SFY99

- CSDB for SFY99 reports the number of persons eligible to receive Medical Assistance. NADB for SFY94 reported detailed encounter information for the following:
 1. Hospital Inpatient Care
 2. Emergency Room Care
 3. Hospital Outpatient Care
 4. Physician and Clinic Care
 5. Psychiatric Care
 6. Prescription Drugs
 7. Dental Services
 8. EPSDT
 9. Managed Health Care Payments
 10. Medicare Premium Payments
 11. Other Medical Services

Changes from CSDB-SFY99 to CSDB-SFY00

- Counts for "Medically Eligible Clients" in CSDB for SFY99 were reported in a single category comprised of both those clients eligible for Title XIX assistance and those eligible for non-Title XIX assistance. In CSDB for SFY00, clients eligible for medical assistance are reported in two categories: (1) Medically Eligible Clients (Title XIX assistance) and (2) Medically Eligible Clients (non-Title XIX assistance).

- **Medically Eligible Clients (Title XIX).** Clients who are eligible to receive medical services for which the state receives federal Title XIX matching funds.
- **Medically Eligible Clients (non-Title XIX).** Clients who are eligible to receive medical services that are not Title XIX funded.

Changes from CSDB-SFY00 to CSDB-SFY01

- Counts for clients eligible to have their claims paid for admissions to community inpatient mental health facilities authorized under the Involuntary Treatment Act (ITA) were included in the MAA program total only in CSDB for SFY99 and SFY00. These counts are no longer included in CSDB for SFY01.
- CSDB for SFY99 and SFY00 reported the number of persons eligible to receive Medical Assistance and, for SFY00, whether their eligibility was covered in part by Title XIX federal funding or was covered by funding sources other than Title XIX. In addition to these 2 eligibility categories, CSDB for SFY01 reports detailed encounter information for the following:
 1. Hospital Inpatient Care
 2. Hospital Outpatient Care
 3. Physician Services
 4. Dental Services
 5. Prescription Drugs
 6. Managed Health Care Payments
 7. Other Medical Services

Changes from CSDB-SFY00 to CSDB-SFY01

- None

Special Note on Data Comparability

- Client counts and dollar amounts reported from CSDB may differ to some extent from those reported by MAA for the following reasons:
 1. CSDB obtains its medical information from the MMIS Billing/Warrants File while MAA reports are based on its Extended Data Base (EDB).
 2. Methodological differences between CSDB and EDB in terms of how client counts are calculated.
 3. Classification differences between CSDB and EDB in terms of how services are categorized.
 4. Methodological differences between CSDB and EDB in terms of how dollar amounts are calculated.
 5. CSDB does not include payment adjustments that are not attributable to individual clients; EDB includes certain adjustments.

CSDB Glossary – State Fiscal Year 2002

Mental Health Division

M
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D

Services in this Report

1. Community Support Services: Individual and Group Therapy, Day Treatment, Medication Management
2. State Hospitals – Eastern and Western
3. Child Study and Treatment Center (CSTC)
4. Community Inpatient/Evaluation & Treatment

Not in this Report

1. Children's Long-term Inpatient/CLIP (no facilities reported except for CSTC)
2. Community Residential Transitional Services
3. Group Housing
4. Adult Residential Treatment Facilities (no facilities reported except for E&Ts)
5. Special Commitment Center
6. Services contracted directly with Tribal governments by the federal Indian Health Service

MHD administers treatment services for adults and children who are severely and/or chronically mentally ill. MHD administers services through three channels. (1) MHD directly operates state mental hospitals, which deliver services to clients with severe mental disorders. (2) Single counties or groups of counties administer Regional Support Networks (RSNs), which contract with licensed community mental health providers to supply mental health services. RSNs coordinate crisis response, community support, residential, and resource management services. MHD funds services to Medical Assistance-eligible consumers within an RSN through capitated Prepaid Health Plans (PHPs). (3) Community Evaluation and Treatment facilities include general hospitals and psychiatric hospitals that deliver inpatient psychiatric treatment, both voluntary and involuntary, to consumers authorized by the RSNs. For involuntary admissions, either general or psychiatric hospitals in the community serve as hospital-based Evaluation and Treatment (E&T) facilities that provide services during emergency situations for the initial 72-hour detention and for an additional 14 days of commitment if necessary. E&Ts may also be free-standing residential treatment facilities.

Services

Community Services: Community mental health providers deliver Individual Therapy, Group Therapy, Day Treatment, and Medication Management on an outpatient basis in both emergent and non-emergent situations. Also included here are Day Treatment services provided on an outpatient basis at the Child Study and Treatment Center at Western State Hospital. Expenditures for RSN Administration are not included.

State Hospitals: MHD operates two state hospitals, Eastern State Hospital and Western State Hospital. State Hospitals provide inpatient services to both voluntary and involuntary clients. Services offered at Western State Hospital also include the Program for Adaptive Living Skills (PALS).

Child Study and Treatment Center (CSTC): MHD operates a state hospital for children who are psychiatrically disturbed. Inpatient services are provided on the grounds of Western State Hospital.

Community Inpatient/Evaluation and Treatment: Community general hospitals, psychiatric hospitals, and free-standing residential treatment facilities provide services to clients who are voluntarily admitted for inpatient care. In addition, the Involuntary Treatment Act (ITA) authorizes involuntary admissions to these community facilities.

Notes: (1) According to MHD staff, oxygen claims from community hospitals were incorrectly coded and included as Community Inpatient services for SFY01. These claims were erroneously charged to involuntary mental health inpatient services. This problem was identified early in SFY00 and it is expected that data for these claims will be correctly reported starting in April 2001. (2) Also according to MHD staff, the number of clients receiving Community Inpatient services in SFY01 is understated due to Pierce RSN authorizing and paying for these services outside the Medicaid Management Information System (MMIS). No automated data for these transactions were made available for collection by CSDB.

Changes from NADB-SFY94 to CSDB-SFY99

1. Several outpatient service categories (Individual Therapy, Group Therapy, Day Treatment, Medication Management) that were reported as individual modalities in NADB for SFY94 are now included in a single Community Support Service report group by CSDB for SFY99 since they are no longer paid for on a fee-for-service basis. As part of its move to a managed care financial model, MHD funds these collectively as Community Support Services based on a capitated rate.
2. Case Management as well as Intake and Assessment services were included as two separate report groups in NADB for SFY94. Since these activities are no longer captured in the MHD database as distinct modalities, CSDB for SFY99 does not report either Case Management or Intake/Assessment as separate service categories. Instead, these activities are considered essential elements of all Community Support Services.
3. Crisis and Stabilization services were included as a separate report group in NADB for SFY94. These activities are no longer captured in the MHD database as a distinct modality. Instead, each of the various Community Support Services are coded in the MHD database as either “emergent” or “non-emergent”. CSDB for SFY99 includes both emergent and non-emergent outpatient encounters in a single Community Service report group.
4. NADB for SFY94 reported Voluntary Admissions and Involuntary Commitments to Community Hospitals as separate services. CSDB for SFY99 reports these services in a single Community Inpatient/Evaluation and Treatment category.
5. NADB for SFY94 reported all Evaluation and Treatment (E&T) services in the program total for MHD but not as a separate service category. CSDB for SFY99 reports both free-standing and hospital-based E&Ts in the Community Inpatient/Evaluation and Treatment category.

Changes from CSDB-SFY99 to CSDB-SFY00

1. CSDB for SFY99 reported client counts for Mentally Ill Chemical Abuser (MICA) Treatment at the Pioneer Center North Facility under the DASA results while expenditures were reported under both DASA and MHD. CSDB for SFY00 does not report data for this service due to the elimination of MICA Treatment at Pioneer North.

Changes from CSDB-SFY00 to CSDB-SFY01

1. Pierce County Regional Support Network (RSN) began authorizing and paying for Community Inpatient services outside the Medicaid Management Information System (MMIS). Since CSDB did not have access to automated data for these transactions, the total number of Community Inpatient clients for SFY01 will be understated in CSDB.

Changes from CSDB-SFY01 to CSDB-SFY02